

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		X			
10	1					
11	1					
12		1				
13	1					
14		1				
15	1					
16	1					
17	1					
18	1					
19	1					
20		1		1		
21				1		
22				1		
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50						
TOTAL IND.	11	↓	4	↓		↓
TOTAL DEP.	9	←	18	←		←
TOTAL CLAIMS	20		22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS